Puppy Application

Please complete all sections of this application to be considered for a Blue Line Puppy.

# Applicant Information

|  |  |
| --- | --- |
| Full Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City, State, ZIP: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Household Information

* Do you own or rent your home? Own / Rent
* If renting, does your lease allow pets? Yes / No
* How many adults live in your home? \_\_\_\_\_\_\_\_\_\_\_\_
* How many children (and ages) live in your home? \_\_\_\_\_\_\_\_\_\_\_\_
* Do you have a fenced yard? Yes / No

## Pet Experience

* Have you owned a dog before? Yes / No
* If yes, what happened to your previous pets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you currently have other pets? Yes / No
* If yes, please list their species, breeds, and ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Care & Commitment

* On average, how many hours per day will the puppy be alone? \_\_\_\_\_\_\_\_\_\_\_\_
* Where will the puppy stay when you are not at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you prepared for the time and financial commitment of raising a puppy? Yes / No
* Are all members of your household in agreement with adopting a puppy? Yes / No

## References

Please provide the names and contact information of two personal references (not relatives):

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Veterinary Information

* Name of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of Vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Additional Information

Is there anything else you would like us to know about your home or experience with pets?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Agreement

By submitting this application, I affirm that the information provided is true and complete. I understand that submitting this application does not guarantee adoption.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

*Please email your application to* *bluelinemas@gmail.com*